



THE UNIVERSITY OF THE WEST INDIES, MONA CAMPUS
LODGINGS OFFICE
Application for Off-Campus Accommodation

DATE: _____

NAME: _____

GENDER: MALE FEMALE

I.D NUMBER: _____

YEAR / LEVEL OF STUDY: _____

FACULTY: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____ TELE #: _____

TYPE OF ACCOMMODATION REQUIRED: 1 Bedroom single flat 2 Bedroom shared facilities
Furnished Unfurnished

OTHER: (Please specify) _____

MAXIMUM AFFORDABILITY FOR RENT: _____ PER MONTH

CONTACT IN CASE OF EMERGENCY

NAME: _____

RELATIONSHIP: _____ TELE: _____

ADDRESS: _____

REFERRED TO:

NOTE: Please submit this form via email to uwilodgings@yahoo.com or print and return hard copy to the Lodgings Office.

Email: uwilodgings@yahoo.com

Telephone: 702-3493/977-3880